

● PRINTER RUSH ●

(PTO ASSISTANCE)

Application : <u>10/627,140</u>	Examiner : <u>Hoffman</u>	GAU : <u>1625</u>
From: <u>DS</u>	Location: <u>IDC</u> FMF FDC	Date: <u>12/29/2005</u>
Tracking #: <u>epm 10/627,140</u> Week Date: <u>9/19/2005</u>		

DOC CODE	DOC DATE	MISCELLANEOUS
<input type="checkbox"/> 1449	_____	<input type="checkbox"/> Continuing Data
<input type="checkbox"/> IDS	_____	<input type="checkbox"/> Foreign Priority
<input checked="" type="checkbox"/> CLM	_____	<input type="checkbox"/> Document Legibility
<input type="checkbox"/> IIFW	_____	<input type="checkbox"/> Fees
<input type="checkbox"/> SRFW	_____	<input type="checkbox"/> Other
<input type="checkbox"/> DRW	_____	
<input type="checkbox"/> OATH	_____	
<input type="checkbox"/> 312	_____	
<input type="checkbox"/> SPEC	_____	

[RUSH] MESSAGE: Renumbered claim 5 (original claim 6)
depends on a canceled original claim 5, please resolve.

Thank you.

[XRUSH] RESPONSE: _____

INITIALS: _____

NOTE: This form will be included as part of the official USPTO record, with the Response document coded as XRUSH.
 REV 10/04